

Residential Care Services (RCS)
Operational Principles and Procedures for
Resident Client Protection Program (RCPP) and Provider Practice
COORDINATION AND COMMUNICATION

I. Purpose

To provide RCS staff who investigate provider practice and those who investigate individuals with consistent direction for coordinating and sharing information with each other; and with all other entities also conducting investigations of intakes where individuals are alleged to have abandoned, abused, neglected, or financially exploited:

- Clients receiving Certified Community Residential Services and Support; and
- Residents of NHs, ALFs, AFHs, and ICFs/IID.

In NHs, misappropriation of property is also reviewed and investigated.

II. Authority

Nursing Homes:

42 U.S.C. 1395i-3(g)(1) and 42 U.S.C. 1396r(g)(1)	
42 U.S.C. 1395i-3(e) and 42 U.S.C. 1396r(e)	
42 CFR 483.13	42 CFR 483.156
42 CFR 488.332	42 CFR 488.335
Chapter 18.51 RCW	RCW 74.39A.050
Chapter 74.34 RCW	RCW 74.39A.060
Chapter 74.42 RCW	
WAC 388-97-0640 through -0840	

Assisted Living Facilities:

Chapter 18.20 RCW	Chapter 74.34 RCW
Chapter 70.129 RCW	WAC 388-78A-3390 through -3480
RCW 74.39A.050 (if the facility has a Medicaid contract)	
RCW 74.39A.060 (if the facility has a Medicaid contract)	

Adult Family Homes:

Chapter 70.128 RCW	Chapter 74.34 RCW
Chapter 70.129 RCW	WAC 388-76-11000 through -11040
RCW 74.39A.050 (if the facility has a Medicaid contract)	
RCW 74.39A.060 (if the facility has a Medicaid contract)	

Certified Community Residential Services and Support Providers:

Chapter 71A.12 RCW	Chapter 74.34 RCW
WAC 388-101-4265 through 4340	

Intermediate Care Facilities for Individuals with Intellectual Disabilities:

42 U.S.C. 1396a(a)31	42 U.S.C. 1396b(g)
CFR 483.420 (a)(5) & (d)	Chapter 74.34 RCW
WAC 388-111-0010 through 0140	

III. Operational Principles:

A. These principles apply to:

**RCS OPP FOR STAFF INVESTIGATING SPECIFIC INDIVIDUALS AND PROVIDER PRACTICE
COORDINATION AND COMMUNICATION**

1. RCS staff who investigate provider practice allegations related to licensing and/or certification requirements; AND
2. RCS staff who investigate named individuals alleged to have abandoned, abused, neglected, or financially exploited a resident or client.
3. Provider Practice and RCPP Field Managers.

B. RCS staff will:

1. Conduct their initial on-site visit from the timeline assigned to the intake due to law enforcement involvement. However, the Field Manager may choose to not follow standard investigation process in deference to law enforcement request.
2. Coordinate investigations when both RCPP and Provider Practice are assigned to related incidents and/or individuals. The assigned investigators will be responsible for coordination of these investigations, keeping their respective field managers involved as needed.

IV. Procedures

Coordination when both RCPP and Provider Practice are assigned

A. Assigned Investigators will:

1. Begin the coordination of investigations as soon as possible.
2. Coordinate onsite visits to the greatest extent possible.
3. Immediately consult with the Field Manager or designee at the time of onsite visit if the safety of the Alleged Victim(s) and/or other residents/clients is in question.
4. Remain on site in the event that resident/client safety concerns exist until resident/client safety issues are resolved.
5. Share investigation information/results and significant and pertinent/relevant information to include at least one additional substantive contact before closure by either or both investigators.
6. Determine which investigator should contact a Field Manager if unable to resolve coordination issues.

B. Field Managers will:

Ensure coordination between assigned investigators.

Cases where only RCPP or Provider Practice is assigned to investigate and new information concerning the need for a coordinated investigation is developed

A. Investigators will consult with their Field Manager or designee.

B. The Field Manager or designee will:

1. Contact CRU if assigned RCS staff obtains new information that would lead to an investigation by either RCPP or Provider Practice;

**RCS OPP FOR STAFF INVESTIGATING SPECIFIC INDIVIDUALS AND PROVIDER PRACTICE
COORDINATION AND COMMUNICATION**

2. Provide CRU any additional information about the possible need for re-prioritization, reassignment, or additional assignment of the intake.
3. Coordinate with (RCPD or Provider Practice) counterpart as necessary and appropriate to the circumstances.



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Date